

<b>Case Number:</b>	CM13-0056473		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/21/2004
<b>Decision Date:</b>	03/19/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine & Emergency Medicine, and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient had a date of injury of 10/01/02. A progress report associated with the request for services, dated 09/20/13, identified subjective complaints of pain in the long fingers and thumb as well as wrist and hands. Objective findings included nodule formation over the A1 pulley of both thumbs and also long fingers, but worse over the left thumb. Diagnoses included stenosing tenosynovitis of the long fingers and thumbs bilaterally. Treatment has included over-the-counter Aleve. A Utilization Review determination was rendered on 11/06/13 recommending non-certification of "Ultrasound guided trigger thumb injections; Voltaren; Tylenol #3 with codeine".

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Ultrasound-guided trigger thumb injections:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Hand, Percutaneous Release (of the trigger finger and/or trigger thumb)

**Decision rationale:** The MTUS Guidelines indicate that steroid injections into the flexor tendon sheath are almost always sufficient to cure symptoms and restore function. They note that a procedure under local anesthesia may be necessary to permanently correct persistent triggering. The Official Disability Guidelines (ODG) also recommends injection "where symptoms persist." They also note that percutaneous release along with steroid injection provides satisfactory results in 91% of cases as opposed to steroid injection alone. In this case, the employee has had persistent symptoms and physical findings compatible with triggering. Therefore, the record documents the medical necessity for the steroid injections.

**Voltaren:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** Voltaren (diclofenac) is a non-steroidal anti-inflammatory agent (NSAID). NSAIDs have been recommended for use in osteoarthritis. It is noted that they are: "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." They further state that there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. NSAIDs are also recommended as an option for short-term symptomatic relief of back pain. Again, no one NSAID was superior to another. There is inconsistent evidence for the long-term treatment of neuropathic pain with NSAIDs. Precautions are listed related to side effects. NSAIDs also have benefit beyond pain control in relieving specific anti-inflammatory conditions. In this case, the employee has not been treated with a prescription NSAID. The RFA form did specify a request for diclofenac ER 100 mg; #30. This represents short-term therapy and may be of value as adjunct therapy to injection of the patient's trigger thumbs. Therefore, there is documentation in the record for the medical necessity of Voltaren.

**Tylenol #3 with codeine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-83.

**Decision rationale:** Tylenol #3 is a combination of the opioid codeine and acetaminophen. The MTUS Guidelines related to on-going treatment of opioids indicate that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals

including pain relief, improved quality of life, and/or improved functional capacity. The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy. The Guidelines also state that with chronic low back pain, opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited." Additionally, "There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain (Martell - Annals, 2007)." In this case, there is no documentation of the elements of the pain assessment for initial therapy referenced above nor the length of intended use. Since the evidence is unclear for the value of opioids, there is no documented medical necessity for Tylenol #3.